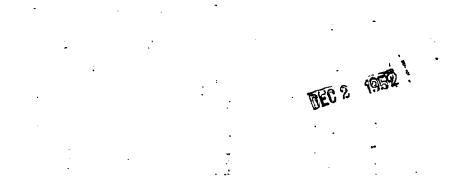
BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH Registration District No. Primary Registration District No. 3-3-40 Registered No..... (If nonresident, give city or town and State) Length of residence in city or town where death occurred How long in U.S., if of foreign birth? ds. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE SINGLE, MARRIED, WIDOWED OR 2, 16. DATE OF DEATH (MONTH, DAY AND YEAR) 1936 DIVORCED (write the word) 17. I HEREBY CERTIFY, That I attended deceased from Zaul 5A. IF MARRIED, WIDOWED, OR DIVORCED 1934, to July 2. HUSBAND OF (OR) WIFE OF that I last saw him alive on July 2 189 6. DATE OF BIRTH (MONTH, DAY AND YEAR) (LL THE CAUSE OF DEATH* WAS AS FOLLOWS. 7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. 11 10 ormin. 8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work... CONTRÍBUTORY (b) General nature of industry, (SECONDARY) business, or establishment in which employed (or employer)yrs.....yrs......mos (c) Name of employer WHERE WAS DISEASE CONTRACTED 9. BIRTHPLACE (CITY OR TOWN). IF NOT AT PLACE OF DEATH. (STATE OR COUNTRY) DID AN OPERATION PRECEDE DEATH). YOU. DATE OF. 10. NAME OF FATHER 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) (Signed) 12. MAIDEN NAME OF MOTHER Every item of OF DEATH *State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (1) MEANS AND NATURE OF INJURY, and (2) Whether Accidental, Suicidal, or (STATE OR COUNTRY) HOMICIDAL 14. 19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL N. B.— (Address) 15.

MISSOURI STATE BOARD OF HEALTH

Do not use this space.



#2 Howell

Primary Reg. Dist. 40. 5540

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

E. T. McGaugh, M. D., Special Agent, Jefferson City, Mo.

WASHINGTON

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Isaac New for Holliday	
Who died at	on suly - 2 - 1934
Residence: No.	St
	(If nonresident, city or town)
Length of residence in city or	
town where death occurred: Years	Months Days
Sex M Color or race W Single;	married, widowed or divorced:
Date of birthAge:	Years 35 Months 10 Days 11
Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	
Date deceased last worked at this occupatio	n: Month Year)
Birthplace (State or country)	
Birthplace of father (State or country)	
Birthplace of mother (State or country) Principal cause of death: Basilar	racture 1)V
Trinospas dado di dostin. 1000000 m	Jacobs III
Other contributory causes of importance	Munique
Name of operation Date of	of
What test confirmed diagnosis?	Was there an autopsy?
If death was due to external causes (violen	ree) fill in also the following: /
Accident, suicide, or homicide? Date of injury June 30, 19 34 Where did injury occur? Cabool, Missouri Texas, County;	
Where did injury occur? Cabool, Missouri Texas, County	
(Specify	city or town, county and State)
Specify whether injury occurred in <u>industry</u> , in <u>heme</u> , or <u>in public place</u> . Industry	
Manner of injury Nature of injury Fell while painting	
Nature of injury Blass to head fract	hyro of skull
Nature of injury Blow to head fract Was disease or injury in any way related to	occupation of deceased?
If so, specify	
Name of physician \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	/ <u>M</u> , <u>Z</u>
Address of physician Domona	Date elled Vol 3-1 1991
Signature of Registrar June 2	Scrugge Date filed Sey 7 1- 1934
This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the en-	
closed official envelope which requires no postage.	
Very trily yours	
Reg. Dist. No. 387	
	o They In

Special Agent.

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